Preface

Anesthesia

The majority of surgical treatment rendered by oral and maxillofacial surgeons (OMS) in the United States is completed in an office-based setting. Because of the nature of the surgical procedures we perform and our unique training in the delivery of outpatient anesthesia, our specialty in particular and dentistry in general has historically occupied a unique niche in health care delivery. The ability to provide office-based surgical treatment without pain and anxiety has provided us with an efficient and cost-effective model to serve our diverse patient population. Within this model, the surgeon bears a tremendous responsibility as he/she is expected to make a diagnosis and have the surgical skills and experience to treat the problem, and the medical knowledge to determine if the patient is an acceptable risk to withstand surgery. Perhaps most importantly, the surgeon must rely on his/her training and experience to assess the patient’s risk tolerance for office-based anesthesia. The operator/anesthetist anesthesia care team model used by the majority of practicing oral and maxillofacial surgeons in the United States has enjoyed a long history of success in providing individualized patient care with a remarkable record of safety. Our anesthesia care teams must continuously evolve so that we may fortify our position in the health care delivery system, and enable the office-based aspect of our OMS practice to thrive as we continue to make the daily decisions to provide the most efficacious surgical treatment and the safest anesthesia modalities and environment for our patients.

This issue of the Oral and Maxillofacial Surgery Clinics of North America is focused on the many challenges embodied within the safe practice of OMS office-based anesthesia. Each of our authors is an OMS or a Dentist Anesthesiologist with a long-standing knowledge and substantial clinical experience of the unique aspects of the OMS office-based anesthesia model. This volume benefits greatly from the quality and diversity of these outstanding contributing authors.

It is my sincere hope that this issue will serve as a valuable reference and resource to the practicing OMS as you face the daily maze of navigating a safe course for your patient.

I would like to extend my gratitude to Dr Richard H. Haug for asking me to serve as editor of this project, and to commend and thank Mr John Vassallo, the series editor, for his obvious expertise and frequent guidance.

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